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O. C. WELBOURN, A. M., M. D., Editor

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First Letter—A Physician's Question.

My son, (a physician), has an aggravated case of arthritis at his ankle joint and the arch of his foot. I succeeded (in connection with a brother physcian) in reducing the effusion, but the pain still remains, after trying colchicum, gelsemium, salicylates, etc. [Names of Agents supplying Libradol were sent the correspondent, who wished to try Libradol.—L. B.]

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Libradol has well done its duty. It proved just what the profession claims for it. The arthritis in my son's foot has disappeared, and he is pleased beyond measure. I am writing this at his dictation.

From a Physician in a Large American City.

A few weeks ago a lady about forty years of age called on us to see if we could do anything to relieve her misery. She had deformed joints from which she was suffering agonies. She said that for fifteen years she had traveled from one end of the country to the other, had visited mud baths, hot springs and various sanitaria to obtain relief, but without any apparent success. I told her I could do nothing unless it was to relieve her pain, as she had rheumatoid arthritis-deformans as well as inflammation of the nerve sheaths. She gave no specific history and my test proved that nothing specific caused the trouble. The condition arose after a long siege of "Mississippi malaria."

Physicians had used all kinds of vaccines and hypodermics until they had lost their effect. I gave her powerful light and heat treatment for several days which seemed to relieve the pain, but every night one or two joints would swell and pain her so that she could not sleep. It came near driving her insane. I took a box of full strength Libradol, which I always keep on hand for emergencies, spread it on parchment paper and put it over the inflamed joints. The next morning she reported that she had received more comfort from that than anything else she had ever used. She reports that it is the best pain reliever for her condition that she had ever tried.

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The California Eclectic Medical Journal

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Original Contributions

OPTICAL DEFECTS AS A SOURCE OF FOCAL IRRITATION IN CHILDREN

Everett S. McClelland, A. M., M. D.
Los Angeles, California

The eye is possibly no more important so far as the life of the individual is concerned, than that of any other organ of the body. We know no more of its chemical physiology, but it is so situated that the physical and mathematical calculations of its functions can be more easily studied and appreciated.

The soul must surely be lacking in poetic fancy which does not behold in amazement the history of its development as illustrated in the embryology of the chick. From the time the tiny speck of protoplasm becomes differentiated and receives its magic impulse to grow the ceaseless age-long cycle of its development is being recapitulated and that within a few brief hours. First a tiny spot appears and constitutes the most primitive eye as found in the Euglena Viridis—a microscopic organism on the border line between the animal and plant kingdoms. The eye spot thickens to represent the eye of the lower mollusk; the thickening becomes depressed to constitute the eye of the higher mollusk; next the depression invaginates to form a cup with a pinhole outlet, and we have the eye of the Limpet; the eyecup closes, becomes filled with liquid and represents the eye of the Snail; the cup separates from the surface and we have the eye of the Squid; thus continuing to fold and form, discarding the unnecessary refining defects, eternally retaining that which is best, transmitting the acquisitions of epoch to epoch, it becomes

increasingly perfect until at maturity it leaves us with the prophecy of even a more perfect instrument as the ages increase.

Considered merely as a part of an optical instrument the lens of the eye of a vertebrate stands alone in efficiency. The artificial construction of such a mechanism, capable of an automatic transformation into an infinite number of lenses by which any point from 20 feet or infinity, back to within 9 inches of itself could be focused upon a screen, is incomprehensible.

However, the eye is not a perfect optical instrument. The lack of a perfectly symmetrical corneal curvature or the inability of the lens to maintain a perfect symmetry throughout its various degrees of curvature; along, perhaps, with other minor causes gives rise to variable forms of astigmatism, as the eye changes through its range of accommodation. This is illustrated by the involuntary contraction of an irritated ciliary muscle indicating one and then the other of the astigmatic letters on a chart as the brightest to the confusion of the refractionist; or, the structure of the eye may, when accommodation is suspended, focus parallel rays of light back of the retina—a condition called Hyperopia; or, in front of the retina—a defect called Myopia.

The object of this paper is to indicate as accurately as possible to what extent these defects act as sources of focal irritation on the eye itself or on other organs or on the organism as a whole—reflexly through the sympathetic system. What was found true in children may be true to a large extent in older subjects.

This question is not to be answered by copied authoritative statements but by the evidence furnished in the refraction of about 450 school children between the ages of 6 and 12, who came under my attention during the last two years at The Free Public School Dispensary and the Boyle Avenue Clinic in the City of Los Angeles.

The corrections which gave relief in the order of their importance were represented by the following formula:

1. Compound Hyperopic Astigmatism with a sphere or cylinder of over one diopter.
   Ex. + 1 + 1.25 × 90.
2. Hyperopic Astigmatism of over + .50 diopter.
   Ex. + 75 × 90.
3. Hyperopia of over one diopter.
   Ex. +1 O. U.
4. Mixed Astigmatism with a minus sphere and a plus

cylinder or a plus sphere and a minus cylinder.

Ex. —50. + 75 × 90. or + 1. —50. × 180, but these seldom gave any pronounced symptoms or in fact any symptoms which could not be accounted for by the plus found in the formula.

5. Compound Myopia Astigmatism.

Ex. —75. —50. × 180, rarely anything more than a lack or normal vision.

6. Simple Myopia.

Ex. —75 or more, practically nothing more than a lack of normal vision.

As a rule, it may be stated that no patient, who did not require a plus in his correction, ever gave any symptoms of reflex irritation which could be attributed to optical errors. Not over 1-10 of 1% of myopes ever complained of their eyes, except so far as they realized that they did not have normal vision.

The only exception to this rule seemed to be found among the Japanese who are strenuous students and so often use their eyes to excess that their complaint of photophobia associated with a congestion of the retina could not be attributed to their common myopic defect alone. The more the Plus representing the optical defect in the formula the more the local and general reflex symptoms. Most all patients requiring a total of + 50. or more gave evidence of irritation, but it was not determined just how much the bright light of this climate accounted for the association of eyestrain with low Hyperopic errors. 75% of the comparatively small number of Myopes who complained of irritation of their eyes were wearing an over-correction so these can be classified among the Artificially Hyperopic.

Symptoms of Irritation

Although it is impossible to make any definite classification of these symptoms it seems most logical to classify them in accordance with the relation which they seemed to bear to the amount of Hyperopic defect.

1. Symptoms of major defects or of Compound Hyperopic Astigmatism with a sphere and cylinder of over one diopter each. The most prominent symptom in this group was that of vomiting. About 30% of these were afflicted with morning vomiting and nausea on rising. The vomiting was associated with headaches; below the eyebrows, in the forehead or on one side, lack of appetite for breakfast and an indisposition to rise early with the rest of the family. About 70% gave a history of periodic vomiting. The periods were more

or less regular for each individual. Some cases simulated migraine without the associated dizziness.

Other possible causes of vomiting such as toxemia, indiscretion in diet, cerebral pressure or inflammation, fatigue, gastric ulcer, etc., had been eliminated before the patient had arrived for refraction so no attempt was made to determine what per cent of vomiting was caused by optical defects alone, but there were not over 15 cases which came under our observation out of the entire series of cases. The striking thing about them all was that they were all cases of marked compound hyperopic astigmatism.

These cases were all anemic, or at least were pallid, nervous, languid, disliked school, had freakish appetites and on physical examination were found to be suffering from photophobia and a congested retina if in school. Conjunctivitis, styes, and swollen lids were no more common among this class than among those of lesser defects as will be described later.

2. Symptoms of Moderate Defects or of Hyperopic Astigmatism or over + .50. diopter, but of less than + 1 diopter in either the sphere or cylinder. This includes groups 2, 3 and 4, which for the purpose of this paper may be included in one. This class comprised 75% of all optical defects. Not over ½ of these were conscious of any defects in vision. Those with simple hyperopia of course had none. The corrections were under + .75 D., whether simple or compound. The astigmatism was mostly lenticular.

At this age symptoms were more easily obtained which came from the defects than could have been possible from older subjects where neurasthenia is so often a complication. Neurasthenia is not common with children and when it does appear it is usually of the hysterical type, which is easily differentiated.

The most characteristic thing about the symptoms associated with this group was that the symptoms came in the afternoon or after using the eyes. Various combinations of the following were usually relieved by the proper correction. Pain in the eyes, or eyebrows or forehead often associated with nausea but not with vomiting. Lassitude, lack of appetite for the evening meal and restlessness at night. Often intensely nervous in the mornings, dislike for school work or for near work of any kind as drawing or any technical details.

Physical examination showed that this class was especially afflicted with styes, follicular conjunctivitis, swollen lids,

especially on rising in the morning and hyperœmia of the retina associated with photophobia. Positive evidence of retinitis from these optical defects was lacking. While it was easy to eliminate the effect of tobacco and alcohol as a causative factor it was difficult to discard Tubercular diatheses and Syphilis on account of the lack of facilities. Again children of this age do not have the mental or ambitious motive to goad them on in the use of their defective eyes to the extent of producing retinitis as might occur in older subjects. The patients themselves complained mostly of blurred vision, smarting and itching eyes and temporary near-sightedness which was associated with pain.

3. Our third and last group includes all myopics and all those with less than .50 D. of simple hyperopia or of compound hyperopia in which the spherical defect is less than 50 D. and the cylinder less than .25 D.

The literature on this group furnishes many contradictions possibly on account of the difficulty of making a differential diagnosis in private practice. It is not possible to demonstrate that any hyperopic defects of less than .50 D. S. or of less than .25 D. Cy. ever produced any symptoms worth considering. By this it must not be understood that the prescribing of + .50 D. S. or even less did not give relief in cases of a total hyperopia of + 1 D. or more. In fact, the prescribing of + .37 D. S. or less in many cases seemed to relieve the accommodation of the excessive effort which was producing the symptoms, but a simple defect of + .50 D. needed no correction by a sphere of any dimensions, neither did a total astigmatism of + .25 Cy. or less need any correction. There is an apparent benefit which can come from the correction of these small defects, but it can all be accounted for by the exclusion of the excess of ultra violet light which is so abundant in this climate. Not only did actual experiment show this to be true, but it does not seem reasonable that a child with a range of accommodation of — 3.50 D. would need the assistance of a mere + .50 D. if the hyperopia is not over 1 D.

It can be easily demonstrated that over 90% of astigmatics who have been given relief by the most careful correction still possess uncorrected errors of .25 D. Cy. or more at various distances inside of 20 ft. Let any one who thinks that he has the most accurate correction for his astigmatism gradually approach a chart of astigmatic letters and see how rapidly the various letters increase and decrease in their distinctness at various distances as he approaches the chart. When this is true how can we expect the use of a minor cylinder to give any relief for the working distance when the correction is

made for the customary 20 ft.? In fact it may increase the defect for the near or reading distance. If low corrections by cylinders are of no use then low corrections by spheres must be of less benefit. Whatever apparent benefit may be derived by the use of low corrections for the exclusion of light through indirect vision still better results may be obtained by the use of a slight shade of smoked glass. Colored glasses will not be endured for any length of time by children on account of the artificial discoloration of things besides they are of no special benefit whatsoever.

Myopics seldom give any symptoms of local or reflex irritation of any kind. The complaint if any is usually only that of defective vision unless the astigmatism is very pronounced or the defect is much greater in one eye than the other. Suffice it to say that myopia of any kind and minor defects of hyperopia do not produce any symptoms.

How then shall we explain that only hyperopic defects become a source of focal irritation in the eye? If we take into consideration the mechanism of accommodation we can understand how the eye can only be under a strain in an attempt to overcome hyperopic defects.

Accommodation is an active effort consisting of a contraction of the circular ciliary muscles surrounding the circumference of the lens by which the convexity of the lens is increased and the focal distance back of the lens decreased. This takes place in the normal eye when we look at any object inside of 20 feet. In the normal eye the accommodation for objects as near as 13 inches is made with comparative ease, but even then the eye finds relief in its occasional relaxation for distance because all muscular effort required in accommodating is suspended. If the eye is hyperopic the effort for near work is always an abnormal one, the muscular effort of the ciliary muscle must soon become unendurable, exhausted it refuses to act either involuntarily or voluntarily, and the result is fatigue, ciliary spasms and the various reflex irritations commonly called eye strain.

This trouble does not come from myopic defects because the myopic eye can make no active effort to see. Its accommodation is always suspended in proportion to the amount of the near-sightedness and unless the myopic has some hyperopic defect also or has been over corrected and made artificially hyperopic by concave lenses he rarely if ever complains of eye-strain. Over correction is sure to cause trouble because it demands accommodation something to which the myopic eye is unaccustomed and especially deficient.

The philosophy for the correction of this series of cases

has been discussed in a previous article published in a journal in which those especially interested in the technique of refraction may find some interest.

Conclusions

1. Myopia in itself is very seldom a cause of eyestrain.
2. Eyestrain is only produced by some form of Hyperopia or excessive use.
3. The more plus represented in the optical defect the greater the reflex irritation not only on the eye itself, but on the entire organism.
4. The most severe reflex symptoms come from Compound Hyperopic Astigmatism to the amount of over one diopter in both the sphere and cylinder. The most characteristic symptoms of this uncorrected condition are morning nausea, vomiting and depression.
5. Simple or compound hyperopia or mixed astigmatism in which the average defect is represented by less than one diopter is the characteristic defect of the great number of sufferers from a lack of optical correction. These produce afternoon symptoms as a rule the most prominent of which are headaches, fatigue and nervousness.
6. Defects of less than .5 diopter seldom if ever produce any reflex symptoms, although corrections of even less than .5 diopter often produce marked relief in greater defects.
7. A correction of astigmatism for 20 ft. does not correct the defect for near work in 90% of all cases.
8. Local irritation of the eyes as manifested by styes, follicular conjunctivitis, photophobia and hyperæmia of the retina are more commonly caused by moderate defects of hyperopia than by major defects possibly because the eyes have been subjected to a longer strain uncorrected.

BISMUTH SUBGALLATE

Herbert T. Cox, M. D., Los Angeles

Read before the California Eclectic Medical Society.

The uses of Bismuth Subgallate are practically the same as those of Bismuth Subnitrate, but in many ways it is a better remedy. It is often the slight difference in action between remedies of the same group that spells success with one and failure with another, as we Eclectics well know from our system of medicine.

Bismuth Subgallate is known also as Dermatol. It is an odorless yellow powder, soluble in dilute alkalies and insoluble in water, alcohol and ether. Incompatible with acids. Its

properties are antiseptic, astringent, sedative to mucous membranes and siccative externally to the skin or wounds. Dose is from 2 to 10 grains every 2 to 4 hours, depending upon the conditions present.

Specific Symptomalogy. May be given as gastro-intestinal irritations of a sub-acute character; white tongue, acid eructations, feeling of weight in stomach after eating, bloating and diarrhoeal discharges at irregular intervals. Externally for moist conditions of the skin.

Action. Like other insoluble bismuth Salts, its chief action is to form a protective coat over irritated or ulcerated surfaces of the mucous membranes. On account of the Gallic acid radicle contained, it is much more astringent and anti-fermentative in its properties than the Bismuth Subnitrate or bismuth oxide. It protects the abraded or inflamed surfaces from contact with the intestinal contents and at the same time has an almost specific action on the dilated capillaries and lymph vessels of the delicate mucous coat. Lessening the hemorrhage, flux of mucous and secretion, and if an abraded surface be present protects it while promoting healthy granulations. In the diarrhoeal conditions of infancy and childhood it arrests the irritation arising from intoxication due to fermenting intestinal contents or from pathogenic micro-organisms.

Uses. In intestinal catarrh or dysentery, its astringent action is very useful. In gastric or intestinal ulcerations, it protects the ulcer and promotes granulation and hinders the progress of pathogenic bacteria. In acute gastro-enteritis or acute diarrhoea, after the bowels have been emptied of the offending contents, it gives great relief; and may be combined with Tincture of opium if indicated, for the pain and tenesmus; or with intestinal antiseptics, if much fermentation and decomposition. In any hemorrhage condition of the bowels or stomach, it acts quickly if given in sufficient doses. Externally, it may be used like iodoform in 10 to 20 % ointment or dusting powder and has proved very satisfactory in all conditions in which iodoform has been used. It is said to be especially good in moist eczema.

Toxic Properties. It is practically a safe remedy as Bismuth poisoning has not occurred with its use as with some of the other salts of Bismuth.

PRACTICAL LUNCHES FOR SCHOOL CHILDREN

What shall school children be given to eat at noon in the lunch basket, at the home lunch table, or in the lunch room operated by the school authorities? To help answer this question, which almost every mother and many of the educational

authorities are asking constantly, the U. S. Department of Agriculture, through the Office of Home Economices, has just issued Farmers' Bulletin No. 712, "School Lunches." This bulletin was prepared by Miss Caroline L. Hunt and Miss Mabel Ward, under the direction of Dr. C. F. Langworthy of he States Relations Service. The bulletin, after discussing the general principles of feeding school children to provide for activity and develop them into sturdy manhood and womanhood, gives a number of simple and appetizing menus for the school lunch basket and bills-of-fare and recipes for preparing inexpensive and nourishing noonday meals or hot dishes for children, either at home, on a school stove, or in the domestic science kitchen.

Relation of Lunch to Other Meals

In feeding a child or anyone else, the authors of the bulletin point out, it is not wise to think of any one meal apart from the other two. It is seldom convenient to provide at one meal all the materials needed by a growing body, and those which are omitted from one meal should be supplied by one of the other meals. The noon meal for children, however, where food must be prepared at home in the morning to be eaten elsewhere at noon, or where the children must hurry home, eat quickly, and then rush back to school, offers special difficulties and deserves the careful attention of parents.

Dietary Essentials for the Growing Child

Before it is possible to plan a rational basket or other luncheon for children, it is necessary for the mother to understand the general essentials of diet for young people. These essentials in general are an abundance of simple foods, carefully prepared, and of sufficient variety to provide energy, repair wastes, provide elements for building bone and tissue, and stimulate growth. To do this most effectively the three meals each day must supply the child with sufficient food from each of the following classes:

1. **Cereal or starchy foods.**—Cereals, eaten principally as bread, supply nearly half of the protein (commonly thought of as tissue-building material) and nearly two-thirds of the fuel or energy in the American diet. The quality of the bread, therefore, is extremely important. Its crust should be crisp and deep (indicating thorough baking), but not hard or burned. It should be light and free from any suggestion of sourness or rancidity. The crumb should be elastic and yet capable of being easily broken up in the mouth without forming a sticky mass, or being too dry to taste good. These qualities can be secured in rolls and biscuit as well as in or-

dinary bread, provided they are cooked thoroughly. The objection to hot bread is due to the fact that undercooking may leave it soggy on the inside, rather than because such breads are eaten hot. The child's appetite for bread may be stimulated by using different kinds of bread, zwieback and crackers, by the addition of raisins, currants, or nut meats, and sometimes by cutting the slices into fancy shapes.

Cereal mushes and ready-to-eat breakfast foods supply nearly the same nutrients as bread, a half cupful of cooked cereal being about equivalent to a good-sized slice of bread. A tablespoonful of cream is about equivalent in fat to a liberal spreading of butter.

2. **Protein-rich foods.**—While bread and cereals come near to fulfilling one of the important requirements of diet—a correct proportion of nutrients providing fuel only and those useful for body building—other foods which provide protein in larger proportion as compared with fuel should not be neglected. These foods include milk, meat (except the very fattest), fish, poultry, eggs, cheese, dried beans, cowpeas, peas, peanuts, and almonds, walnuts, and other nuts. Nuts, of course, also contain considerable fat. Milk is an absolute essential, not only because it contains a large number of nourishing substances in forms easily assimilated, but also because, in some way not now fully understood, milk seems to promote growth and help the body of a child make good use of other foods. Milk is rich in most kinds of mineral matter, particularly lime, useful in the development of bone and tissue.

Milk should never be omitted wholly from the diet of a child. If not used at luncheon it should appear at other meals. For luncheon, however, it has been found that such dishes as milk toast, milk soup made with vegetables, fish or vegetable chowders, and cocoa are valuable foods, easily prepared at home or in the school, because they require no oven and call only for simple utensils. White sauces made of vegetable juices, milk, or broth, differ from milk soup largely in that they contain more flour. When considering milk, the food value of skim milk, which contains a larger percentage of protein though less fat than full milk, should not be overlooked.

Eggs, the next of the protein foods commonly given to children, contain much iron and their yolks are rich in fat.

3. **The fatty foods.**—The fatty foods, such as butter, cream, salad oils, bacon, and similar foods, are important sources of energy and nourishment for the growing body. Fats are best given in such simple forms rather than in rich pastries or sweets.

4. **Fresh vegetables and fruits.**—Because ordinary vegetables such as potatoes, greens, lettuce, green peas and beans, asparagus, and others, and the ordinary fruits do not contain much fat or protein, their value in the child's diet is frequently underestimated. These things, however, should be considered a necessary part of the diet of the child for the very important reason that they furnish mineral and other materials required to form bone and tissue as well as to repair waste and supply some energy. Green vegetables are valuable particularly because they contain iron in forms which the body can utilize. Fruits contain a considerable percentage of sugar, especially when they are dried, and sugar is a quickly-absorbed fuel food. As things eaten raw transmit disease germs, care should be taken to wash vegetables and fruits thoroughly in several waters. Many fruits, especially those with skins, can be dipped safely into boiling water, while those with thick skins, such as oranges, bananas, and apples, may be safely washed even with soap. Dried fruits when washed and put into an oven to dry absorb some of the water, and thus are softened and improved in taste.

5. **Sweets and Desserts.**—Sugar, as has been said, is a quickly absorbed fuel food and simple sweets have their place in the diet of all children. If not served between meals or at times when they destroy the appetite for other needed foods, there is no objection to them. They may be served in the form of cake not rich enough to be classed as pastry, cookies, sweet chocolate, simple candy, honey, dried or preserved fruits, maple sugar, and loaf sugar. In general, fruits, fresh, baked, or stewed, or raw, and simple sweets are much better desserts for children than rich pastry which contains a large amount of fat.

The following suggested menus for the school lunch basket give the child, as nearly as is practicable in such a meal, the proper proportions of the different classes of foods:

For the Basket Lunch

1. Sandwiches with sliced tender meat for filling; baked apples, cookies or a few lumps of sugar.
2. Slices of meat loaf or bean loaf; bread-and-butter sandwiches; stewed fruit; small frosted cake.
3. Crisp rolls, hollowed out and filled with chopped meat or fish, moistened and seasoned, or mixed with salad dressing; orange, apple, a mixture of sliced fruits, or berries; cake.
4. Lettuce or celery sandwiches; cup custard; jelly sandwiches.

5. Cottage cheese and chopped green-pepper sandwiches, or a pot of cream cheese with bread-and-butter sandwiches; peanut sandwiches; fruit; cake.

6. Hard-boiled eggs; crisp baking-powder biscuits; celery or radishes; brown-sugar or maple-sugar sandwiches.

7. Bottle of milk; thin corn bread and butter; dates; apple.

8. Raisin or nut bread with butter; cheese; orange; maple sugar.

9. Baked bean and lettuce sandwiches; apple sauce; sweet chocolate.

The provision of a bottle of milk is suggested in one of the menus, but of course taking milk to school in warm weather would be impracticable unless means were provided for keeping it chilled until it is consumed.

The school lunch container, the specialists point out, should permit ventilation, exclude flies, and should be of a material which permits thorough washing in boiling water. If glasses, paper cups or spoons are provided, the child should be warned against letting other children use them. The child should be encouraged to wash his hands before each meal, and for this reason paper towels, paper napkins or clean cloths should be provided. Food that does not require ventilation should be carefully wrapped in paraffin paper, and the soft or liquid foods should be packed either in jelly glasses, screw-top jars, or paper cups.

It is, of course, very good for the child to have at least one warm dish at noon—a vegetable milk soup, vegetable or fish chowder, meat and vegetable stew, or a cup of cocoa. These things are easily prepared on ordinary stoves with ordinary utensils in a school where interested mothers or teachers agree to do the cooking and serving and where dishes and spoons are available. Almost any school, however, could by co-operative arrangement with the parents see that the children get a cup of good milk at noon.

Soft fruits, such as berries, which are difficult to carry in lunch baskets also might be prepared at school. Where these dishes are provided at school (the meat or milk dish and the fruit) the lunch basket would omit the meat dishes, and provide merely bread and butter or crackers and cake.

HYPERTROPHY OF TURBINATED BODIES

C. M. Neldon, M. D., Coshocton, Ohio

Hypertrophy of the turbinated bones in this climate is common. Septal deformity is one of the chief causes.

The anterior portion of the septum is most often affected by spurs or curvature, sufficient to press against the inferior turbinate, thereby interfering with free drainage and ventilation of the nose. With this obstruction present the patient does not breathe clearly through the nose and with the diaphragm acting as a piston valve in a syringe the air in the post-nasal cavity is rarefied. This negative pressure causes the vascular tissue of the turbinate bones to fill with blood and cause further irritation by constant pressure against the lateral wall and septum. Adenoid growths in the post-nasal pharynx by occlusion of the posterior nares causes nature to step in and try to help close the cavity not in use by hypertrophied turbinal tissue and partly by the drawing in of the alæ of the nose. Irritating dust and vapors by their irritating effect on the mucous membranes cause an abnormal amount of secretion of mucus, allowing more blood to flow to the mucous tissue on the turbinates and giving it an over amount of nutrition. These hypertrophied conditions vary in structure.

In hyperplasia there is a thickening of the mucous membrane by an increase in the number of cells, from slight and prolonged irritation by the secretion from the sinuses. In the middle turbinate the mucous membrane may be edematous from pressure, or the middle turbinal bone itself may have developed into a wide expanded shell formation containing a large cell in the center. Any one of these conditions causing a pressure on the uncinate process and bulba ethmoidalis sufficient to close the infundibulum, preventing drainage from the frontal, anterior, ethmoidal and maxillary sinuses. The patient experiences months of dull aches and pains over these regions. At times the pain becomes agonizing and severe, and all the time he complains of a "stuffed up" feeling in the nose and breathing through the nostrils is difficult.

The inferior turbinate does not cause as much trouble as the middle. When it touches the floor of the nares and will not shrink under treatment just the lower edge of the bones should be removed. To take off just the thickened membrane on the lower border only aggravates the trouble, as it is replaced very rapidly.

Simple hypertrophy of the inferior turbinate many times will resume its normal size and position if the middle turbinate, which is exerting pressure on it, is removed.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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ALCOHOL IN MEDICINE

In the beginning there was a class of medical men known as Botanics or Herb Doctors. As the name indicates the remedies which they employed were largely confined to herbs, roots and barks. Some of the more radical being bitterly opposed to the use of any mineral drug whatsoever. These remedies usually were dispensed in their crude state to be taken without preparation or with directions to make them up into an infusion or a decoction. This method, while reasonably efficient, proved to be cumberson; and in due time it was discovered that by skillful manipulation all the virtues of this class of remedies could be extracted with alcohol. Furthermore, by reason of the preservative qualities of the alchohol the remedy would retain its activity for a long time. Possessing such marked advantages it naturally followed that tinctures superceded infusions and decoctions except in a few drugs. As the country settled up medicinal plants became increasingly difficult to find, the doctor ceased to botanize and the manufacturing pharmacist supplied the deficiency. Later the latter came into entire possession of the field and is likely to remain

undisturbed so long as the present efficient methods are maintained. As stated above alcohol is a necessary factor in the extraction and preservation of plant drugs. Many substitutes have been tried but all have been found wanting. Without depreciating in the least the value of the prohibition movement we desire to call attention to the fact that it may become too radical and seriously interfere with the supply or reliability of many commonly used drugs. This state of affairs confronts all users of plant drugs and is not at all confined to any particular school of medicine. The following article from the National Druggist contains much valuable information.

THE A. M. A. TRYING TO RIDE INTO POWER ON THE PROHIBITION WAVE

The present year seems to have developed a new form of attack against the drug trade. And it is an insidious and a very dangerous one, which it is going to tax the wisdom and capacity of the trade to meet and overcome.

Like most of the assaults which have preceded it, this one is glozed all over with benevalent pretensions, its avowed and ostensible object being to advance the cause of temperance and sobriety.

With this praiseworthy end as the pretext, bills were introduced in a number of our state legislatures during their recent sessions, further to restrict and in some instances absolutely to prohibit the manufacture and sale of ready-made medicines which contain alcohol in proportions as low as from one to ten per cent—a few going so far as to place the ban on preparations that contain the substance in any quantity.

It is to the extreme prohibitionists that the responsibility for these absurd measures has been charged, and, as a matter of fact, they were immediately responsible for their introduction and were their only open advocates. But it ought not to require any great degree of astuteness, at least on the part of well-informed individuals in the drug trade, to suspect in this, as has been seen in most of the previous assaults on their business prosperity and integrity, the fine Italian hand of their old arch enemy, the American Medical Association. Indeed, it is but the natural outgrowth and logical development of a well-considered campaign, instituted a few years ago by the medical schemers and first brought prominently before the public in the fight against the Chattanooga Medicine Company, to create the impression by suggestion, insinuation and in some cases by direct charge, that proprietary medicines owe their popularity, not to any remedial

virtues they possess, but chiefly, if not entirely, to the artificial stimulation they produce. It was doubtless hoped by this false play to win over to their cause the prohibition sentiment of the country and to use it for the advancement of their own destructive purposes. And it was probably as a part of the scheme, that, as it will be remembered, reprints of articles from the Journal of the American Medical Association were circulated among the clergymen of one or more of the religious denominations, in which the changes were rung on the alcoholic content of some of these preparations, which were stigmatized as "bracers," "tipples,' "disguised booze," etc.

Now, if there is anything about which the United States government is particularly strict it is in regard to the sale of alcoholic concoctions masquerading as medicines. By a special ruling of the U. S. Internal Revenue Department, which has been most stringently enforced, the Special Liquor Dealers' Tax is required for the sale of "all medicinal preparations that are insufficiently medicated to render them unfit for use as a beverage." It is plain, then, that if the insinuations of the A. M. A. had been true—if proprietary medicines generally or any considerable number of them were of such a nature as to permit their use as alcoholic stimulants, and especially in view of their enormous sale by druggists throughout the country without the payment of the Special Liquor Dealers' Tax, it would necessarily have followed that druggists as a class were violating the Internal Revenue laws every day and rendering themselves subject to criminal prosecution in the United States courts. But the fact that there were no prosecutions on that score gave the lie to the A. M. A. slanderers and placed them in a position where it was necessary for them to do a little explaining. They were further confronted with the fact, well known to but ignored by them, that there are dozens of the official preparations which are daily prescribed that contain alcohol in much larger proportions than it is found in any of the ready-made medicines and hence that the objection to ready-made medicines on account of their alcoholic content would fully apply to the official preparations as well. And so to extricate themselves from a dilemma in which they thus found themselves, the medical uplifters had to "explain" again, and then declared that it was not against the proper use, but only the abuse of alcohol that they were protesting and that since, like morphine and other habit forming drugs, it is a dangerous ingredient, it should not be taken in a medicine of any kind except on the advice and with the consent of a physician—

the logic of which position, of course, is that since no physician can "ethically prescribe a proprietary of any sort not vised by the A. M. A., proprietary preparations containing alcohol in any quantity could not be sold at all—a very good thing for the monopolistic doctors, but a very bad thing for the manufacturers and druggists, as all must admit.

But the selfishness and crafty design of this proposal were so plainly apparent, that prudence seems to have dictated another shift of position, and this time they went to extremes that were not dreamed of in the beginning of their campaign. And, following a propaganda, that was carried on in the various association journals, as if to prepare the minds of the profession for the ready acceptance of the radical "discovery" later to be announced, the pronunciamento has recently gone forth that: "It is the unanimous opinion of the Council on Health and Public Instruction that alcohol has no drug value, either as a stimulant or as a tonic or as a therapeutic agent," and that "its use in medicine is detrimental, rather than beneficial, to those to whom it is administered." This opinion, unanimous and absolute and without exceptions or qualifications, is given to the world in an ex cathedra manner and with all the assurance of an imagined infallibility, as if the members of the Council had hypnotized themselves into the belief that, like Job's tormentors, "they are the people and all wisdom shall die with them."

Now, alcohol has occupied a definite and acknowledged place in the armamentarium of the physician from the time whereof the memory of man runneth not to the contrary. It is still being employed in medical practice to a greater or less extent every day, and everywhere, its usefulness being supported by a vast accumulation of medical authority of all ages and countries; and yet this Council on Health and Public Instruction of the A. M. A. appears suddenly to have discovered that the profession has been entirely in error in the past, and a remedy long respected and extensively employed is ordered thrown into the discard. The fact of this unanimity on a question diametrically opposed to long accepted medical opinion, given thus dogmatically and with no pretense of evidence to support it, is enough of itself to excite suspicion of its soundness, not to say its good faith and honest purpose. But when coupled with the radical change of base and the sudden conversion which this change implies, together with the even more important fact of the peculiar source from which the dogmatic utterance emanates, we do not think any injustice is done the gentlemen composing the

Council on Health and Public Instruction when we express the conviction that the whole thing is a game of flim-flam which they are attempting to practice on an over-confiding people.

Now, let it be noted that there is a special department or division of the A. M. A. whose peculiar function it is to deal with therapeutic questions, to settle therapeutic disputes and, broadly, to instruct the profession as to what remedies may or may not be "ethically" prescribed. It is known as the Council on Pharmacy and Chemistry, and has been exceedingly active along the lines of its prescribed duties and appears to enjoy the unbounded confidence of the A. M. A. leaders, both as regards the fitness of its members for the duties assigned, and with respect to their fidelity to the A. M. A. policies and purposes. Now, if it had honestly been desired to have this question of the therapeutic value of alcohol passed on authoritatively, most naturally it would have been referred to this Council on Pharmacy and Chemistry. But instead of so referring it—instead of entrusting this important duty to those who by virtue of their appointment, learning and experience are presumed to be experts in therapeutics and hence specially qualified to pass upon the question involved, its determination was committed to or assumed by the Council on Health and Public Instruction, a political, not a scientific body, which, therefore, has nothing whatever to do with matters therapeutic, but whose sole duties are those of propaganda to the public—of exploiting the schemes and policies of the A. M. A. to the people and of seeking to give them legal effect by bamboozling the legislatures into enacting them into law.

Now, as to the bare question of the usefulness of alcohol from the standpoint of its therapeutic purpose, we are not here concerned. All that the Council on Health and Public Instruction has said on this score might for the purposes of our argument be admitted; but this would be no argument against the employment of alcohol as a preservative, solvent and extractive, for which purposes it is chiefly, if not entirely, employed in the manufacture of proprietary medicines. But the medical schemers know very well that the average layman will not differentiate or understand the difference between its use as a therapeutic agent and for pharmaceutical purposes; and, hence, when the point is stressed that it is without therapeutic value or purpose, the impression will easily be created that when it appears in proprietaries it is put there by the manufacturers with the deliberate purpose of

palming off alcoholic concoctions as medicines.

One would suppose that intelligent men would see through so palpable an attempt to "use" them, and that the prohibition leaders would resent the attempt so to impose on them. But reformers generally, especially social and religious reformers, in the impetuous pursuit of the objects of their zeal, are usually lacking in discernment and judgment, and are not always over-scrupulous in their use of means to carry their points; and they eagerly seize upon any fact or argument that seems to bolster up their positions or that promises to advance their cause, more especially when, as in the present case, these arguments have the appearance of high scientific authority.

It is evident therefore, in view of the present excited state of public opinion on the alcohol question, that the drug trade must prepare to meet this new form of attack and strive to beat back the wave of ignorance, fanaticism and hypocrisy that threatens to engulf them.

There is no necessity, however, for the trade to involve itself in the prohibition controversy. Let each individual act with regard to that question as his judgment and conscience may dictate. But since every druggist knows that alcohol has a legitimate and useful place in medicine, and that for pharmaceutical purposes there is no known substitute for it, he should take it upon himself to educate the public, as well as the legislatures, to this fact, to do which, the first step will be to pull off the mask of philanthropy behind which the organized medical profession is working, and to exhibit them as they are, a lot of political schemers, always seeking their selfish advantage, and not always over-scrupulous as to the methods they employ for that purpose.—The National Druggist.

PHYSICAL EXAMINATIONS IN PUBLIC SCHOOLS

In New York city the health department is demanding that "each pupil at the time of his or her admission to a public school, or free school supported in whole or in part by funds obtained from direct taxation," shall be examined "in the absence of all clothing" by a "duly-licensed physician authorized to practice medicine in the State of New York."

We must confess that we do not like this sort of business. It is not exactly compatible with our ideas of freedom. We are foolish enough to presume that most parents in America are still wise enough and good enough as parents to look after

the welfare of their own children. Most parents have about as much sense as most doctors. Of course, we must admit that there are many parents who are not only ignorant, but who lack the instincts of parenthood. That there may be some neglected children should not subject all alike to the attentions of a public inspector of children's bodies.

In Newark, N. J., the mothers of high school girls have assumed a hostile attitude toward the compulsory doctors, and we do not blame them. They ought to start a riot. Every man who holds a certificate from the state, is not either professionally or morally fit to strip another man's daughter, even to the waist, as the rule seems to be in that state. The Newark women allege that absolutely no regard was paid to the modesty of the girls. The state doctors took the girls in groups, after the fuss has been made about it. These officious doctors refused to pay attention to the protests of parents, even when they sent with them certificates from their own family physicians.

It is not all the public against the doctors, but it is the doctors against the doctors. Case after case is cited in which the family physicians have stated that the children sent home as suffering from this or that alleged defect or disease, had no such defect or disease. The diagnoses of the public doctors were not worth the paper on which the results were noted. We have here in Iowa already recorded the statement of an eminent oculist who found that five out of six children sent to him by a public inspector to be fitted for glasses had no appreciable eye defects and he refused to put glasses on them, for glasses might produce the defects that the inspector found.

It seems to us that it is a system of putting the whole public at the mercy of doctors who happen to get into certain offices. We are not entitled to be thus delivered, and our children, also, to doctors who are not of our own choosing. Some of us do not want any doctors at all, either for ourselves or for our children. And we have the knowledge that all medical knowledge up to the present date is more or less experimental and speculative. The science of mdicine is not yet an absolute science. The findings of doctors are at variance. One finds this, another that, and it is seldom that any two are agreed. The chances, therefore, are that neither one may be correct, and to have compulsory inspectors and then compulsory treatments—for unless the findings of the inspectors are heeded the children cannot be returned to the schools—is not only unscientific but it is outrageous.—From an editorial in Cedar Rapids (Iowa) Republican.

SOCIETY CALENDAR

National Eclectic Medical Association meets in Detroit, Michigan, June 18-19, 1918. Dr. W. P. Best, Indianapolis, Ind., President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets in Los Angeles, May, 1918. H. C. Smith, M .D., Glendale, Cal., President; A. P. Baird, M. D., Los Angeles, Secreatry.

Southern California Eclectic Medical Association meets in October, 1917. Dr. H. T. Cox, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Monday of each month. A. P. Baird, M. D., Los Angeles, Cal., President; F. J. West, M. D., Los Angeles, Secretary.

NEWS ITEMS

Wanted: To purchase, second hand, a physician's office weighing machine.

We understand there is a good opening for an Eclectic at Willows, Glenn county, California. Address T. J. Wilbourn, Willows.

Dr. Henry Gross announces the removal of his office to 936 South Alvarado street, Los Angeles.

Dr. Rose L. Burcham has changed her address from 312 Coulter Bldg., to Citizens National Bank Bldg., Los Angeles.

Dr. A. S. Brackett has changed his address from 1336 W. 11th Street, to 1057 Overton Street, near 11th, Los Angeles.

Dr. H. V. Brown has built a new home in Glendale, which is just about finished. He will reside in Glendale, but have his office in Los Angeles as at present.

Dr. J. H. White, wife and daughter, Des Moines, Iowa, have returned home after spending eight months in California, on account of the ill health of his daughter, who is now convalescent.

Died: Dr. L. E. Russell, professor of Surgery in the Eclectic Medical College, died suddenly at his home in Springfield, Ohio, on August 2nd, aged 69. Dr. Russell was a frequent visitor in Los Angeles.

Dr. Catherine Ohnemuller, a former student of the C. E. M. C., graduated from Hahnemann College, San Francisco, this year and passed the June State Board. She has opened an office at 426 California Bldg., Los Angeles.

The Westlake Hospital announces the arrival of the new

X-Ray equipment which was ordered some months ago. Their equipment is now complete for any kind of work in Roentgenology.

Dr. J. R. Buckingham, Big Pine, a graduate of the C. E. M. C., has received the commission of First Lieutenant in the Medical Reserve Corps. We extend congratulations and feel sure that the Doctor will reflect credit on the College when called to the front.

Dr. Carl G. Winter of Indianapolis, was elected grand worthy president of the National Fraternal Order of Eagles at their recent national convention in Buffalo, N. Y. Every member of the Order who enlists in the war will receive paid-up membership dues and $1000 to be paid his estate in the event he is killed in action.

Dr. Felicie Petit Piat has changed her address from 1619 Troost Avenue to 327 Altman Bldg., Kansas City, Mo.

Dr. W. F. Holman of Los Angeles will leave about the first of October for San Francisco and the northern part of the state in the interest of the Order of the Eastern Star, of which order he is the Grand Patron for the State of California.

The next meeting of the California Board of Medical Examiners will be held in Los Angeles, October 9th to 13th.

Dr. E. C. Galsgie, a former graduate of the C. E. M. C., who is located in Reno, Nevada, was in the city during Seutember. Dr. Galsgie accompanied his father, Dr. Galsgie of Buffalo, N. Y., to Los Angeles, where the father took the train for home.

Dr. Lawrence Keegan of San Diego, spent a few hours in Los Angeles recently en route to San Francisco.

Dr. Carey Billingsley of Santa Ana, who appealed to the district board for exemption from the Army Draft had the same allowed.

Dr. I. Woodin of Independence was in the city for a day recently. He accompanied a patient to the Westlake Hospital.

Dr. O. C. Welbourn enjoyed a week's camping trip in the mountains during September.

Dr. and Mrs. H. T. Webster, after spending the summer at the springs in Monticello, Napa county, spent a few weeks in Oakland, and then during the last week in September went cast for a year. Their address will bę Paulding, Ohio.

Dr. J. A. Nichols has changed his address from 21 Wilcox street, to 111 Euclid avenue, corner of Dickinson street, Springfield, Mass.

"ARE YOU SAVING your money to invest in the second issue of THE LIBERTY LOAN?"

1885 **1915**

Concerning Echinacea.

WHAT IS ECHINACEA? A plant, native to western North America.

WHAT IS THE THERAPEUTIC STANDING OF ECHINACEA? In the opinion of renowned **laboratory** experts who standardize remedies according to physiological processes, **Echinacea has no value.** (See Lloyd Brothers' Winter Bulletin, 1915, page 13.) In the opinion of physicians who use remedial agents **clinically**, and who employ it in disease treatment, **Echinacea is of exceeding value.** (See Lloyd Brothers' Winter Bulletin, pp. 11 and 12).

WHAT PHYSIOLOGICAL OR POISONOUS QUALITIES HAS ECHINACEA? It has never been known to kill a creature on the operating table, be it reptile, amphibian or other animal. It seems inactive, physiologically. No chemist has reported that he has obtained from it a toxic agent, or any substance destructive to health. Thirty-eight years' continuous use of Echinacea by physicians in active practice, without a single report of injury or death, proves that **it has no unkind action.**

WHO INTRODUCED ECHINACEA? It was first used by the American Indians, next by the early white settlers, then it became a constituent of a home remedy in Nebraska. At last it came to the attention of Dr. John King, who after special investigation, introduced it under its true name to the medical and pharmaceutical professions.

WHO WAS DR. JOHN KING? A physician of unusual talent and education, a believer in conservative medication, an author of international reputation, an American citizen who opposed wrong, however high the authority, and who supported the right, regardless of self-interest. A believer was he in kindness to the sick, a disbeliever in cruelty, to either sick or well, brute or human. The best versed physician of his day in the clinical uses of American drugs, Dr. John King was acknowledged to be. His greatest pride was to serve in the development of American vegetable remedies. His sincerest hope was to see America professionally independent of the rest of the world.

TRIBUTE OF DR. CHARLES RICE. This is what Dr. Charles Rice, Chairman for thirty years of the Committee on Revision of the Pharmacopeia of the United States, said of Dr. John King and his great work, the **American Dispensatory:**

"It constitutes a precious encyclopedia of medical American plants, and their therapeutical uses. It is a very useful work for reference. Its author is as fine a botanist as a judicial observer of therapeutical effects." ***Translation from the French of Dr. Charles Rice's "Note sur Certains Medicaments Vegetaux Americains".***

WHEN DR. KING SPOKE. The voice of Dr. King in behalf of a remedy, was no idle word. In the maturity of his experience he used Echinacea in his own family, then in his practice, and when he had thoroughly tested the remedy, he gave to the profession his opinion of the drug.

A PREDICTION. Twenty years ago, it was said of Echinacea, **"Await the voice of time. If Echinacea stands the test of experience, it will live. If it is inadequate, it will die".** Has "Time" spoken?

THE REPLY. The most popular American drug today, (1915), as shown by the orders we have received from pharmacists for true pharmaceutical preparations of any American drug, (not compounds or mixtures named after the drug), for the exclusive use of physicians, is Echinacea.

ECHINACEA TODAY. Our Winter Bulletin, 1915, pages 11 to 13, presents reports from pharmacologists, conflicting with those from practicing physicians, concerning the therapeutic use of Echinacea. That the laboratory standardizers are correct (see page 13), in that Echinacea is not toxic and will not kill any creature, will be generally conceded. That practicing physicians are not capable of judging of the value of the remedies they use in their practice will be universally resisted.

WHAT OF THE FUTURE? Physiological investigators will probably never be able to produce death by the use of any ordinary Echinacea dose. Chemists will probably continue to find Echinacea elusive, so far as the discovery or elaboration of any toxic constituent is concerned. And American physicians who use Echinacea will probably continue to employ and commend it, as they have in the past.

LLOYD BROTHERS, CINCINNATI, OHIO.

October, 1915.

Retake of Pre

Table of Contents

INDEX TO ADVERTISERS